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1	

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/596.403 06/12/2006 Hakim DI Lodovico 0110-106 6216 TITLE OF INVENTION: DISTRIBUTED MEDIUM ACCESS CONTROL FOR BROADBAND ACCESS SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/27/2009
EXAM	MINER	ART UNIT	CLASS-SUBCLASS			
CHOU, A	LBERT T	2416	370-442000			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Tee Address Indication (or Tee Address' Indication form PTO/SB/47 Rev 01-92 or more prograph attached Use of a Customer 1 Correct Address' Indication form 1 CORPACT Rev 01-92 or more prograph attached Use of a Customer 1 Correct Address' Indication form 1 CORPACT Rev 01-92 or more prograph attached Use of a Customer 1 Correct Rev 01-92 or more prograph attached Use 01-92 or more prograph attached		or agents OR, alternative (2) the name of a single registered attorney or a	3 registered patent attornally vely, e firm (having as a memb agent) and the names of u meys or agents. If no nam	era 2	tent Group PLLC	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Telefonaktiebolaget L M Ericsson (publ) (B) RESIDENCE: (CITY and STATE OR COUNTRY) Stockholm, Sweden

Registration No.

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 📮 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Porm Pro 2008 XX XX XX XX XX XX Online payment via RAM The Director is hereby authorized to charge the respired fixels any deficiency, or credit any overpayment, to Deposit Account Number 50=247.6 (enclose an extra copy of this form). Advance Order - # of Copies

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/Kenneth B. Leffler, Reg. No. 36,075/ Date November 16, 2009 Authorized Signature Kenneth B. Leffler 36,075

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